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NEUROCRITICAL CARE SOCIETY

PALLIATIVE CARE IN THE NEURO INTENSIVE CARE UNIT

Palliative Care in the Neurocritical Care Unit: Increasing Primary Palliative Care Skills

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Neuropalliative care, a specialized field at the intersection of neurology and palliative medicine, addresses the complex needs of patients with serious neurological conditions, such as amyotrophic lateral sclerosis, advanced Parkinson disease, movement disorders and dementia, and various forms of severe acute brain injury (SABI). This approach integrates the principles of palliative care—to reduce physical, psychological, social, and spiritual suffering and improve quality of life for those with serious illness—with a deep understanding of neurological disease, prognosis, and treatment options [1]. In the neurocritical care unit (NCCU), the application of neuropalliative care becomes even more critical, as patients often face life-threatening conditions and the need for urgent, complex, high-stakes decision-making [2].

For many admitted to the NCCU with SABI, their levels of arousal and decisional capacity are severely impaired. Beginning in the first moments of the patient's interfacing with the health care system, significant treatment decisions must be made that direct care to focus on a restorative path of care or comfort-only directed therapies. In the acuity of SABI, the uncertainty of prognosis and often limited insight into the person's goals of care lead to initial provision of life-sustaining therapies (LST). We agree with recommendations to delay decisions to withdraw LST for at least 72 h unless a priori patient preferences to forgo LST are clearly known or death is inevitable despite LST. This recommendation allows for a minimum time window to gain understanding of the initial injury trajectory and an opportunity to begin to understand the person's goals of care [3].

Most people admitted to the NCCU with nonneurodegenerative disorders have neither advance directives nor identified health care agents [4, 5]. This chasm creates opportunities for a significant portion of people to receive goal-discordant care, meaning care that is misaligned with patient wishes, following SABI [6]. Further, as patients advance through the initial phases of recovery, they may regain partial decisional capacity and the ability to participate to some degree in their own decision-making, increasing the complexity of shared decision making. With different definitions of what encompasses palliative care, observational studies suggest that patients with brain injury are less likely to receive palliative care than their counterparts in other critical care units [7–9]. Neurocritical care clinicians often represent the primary point of contact for patients and their families after the initial resuscitation and management of their injury, presenting an opportunity (and responsibility) to manage not only restorative treatments but also symptoms associated with the disease, communication related to prognosis and goals of care, and physical, emotional, and existential support.

Within the realm of palliative care, a distinction is often made between primary (generalist) and secondary (or specialist) palliative care. Primary palliative care refers to the basic skills and competencies that all health care providers should possess, such as effective communication about prognosis and treatment options, symptom management, and psychosocial support [10]. The American Council for Graduate Medical Education recommends

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palliative care training for neurology residents [11], and US neurology residencies are increasingly incorporating palliative care skills into their training [12–14]. Secondary palliative care, on the other hand, involves specialized expertise provided by clinicians who have undergone advanced training in palliative medicine and typically work as part of a multidisciplinary team [10]. This integrated approach helps manage acute crises, facilitate goals of care discussions, and support families through the use of other services, such as spiritual care, psychology, and social work. Most importantly, it is a philosophy of care that can be used by all clinicians treating patients with SABI and implemented to directly improve the care of all patients.

This timely topical collection on palliative care in the neurointensive care unit in the journal *Neurocritical Care* aims to explore the breadth of touch points for primary palliative care in the NCCU, building both the skills of those caring for patients afflicted by severe neurologic illness and the scope of literature available.

We begin with a review of the literature demonstrating the disparities in not only outcomes but also access to quality palliative care among racial and ethnic minority patients with SABI, developing and applying an active antiracist approach to care that optimizes outcomes for all [15]. The collection takes readers to the beginning of each patient's journey through the continuum of care, describing the developing role of palliative care and, more specifically, neuropalliative care in the emergency department [16]. We learn about the immense potential for spiritual care support among the patients we care for and the rarely described symptom assessment and management for patients nearing the end of life [17, 18].

Of course, neurointensivists also care for another population in the NCCU. These are the caregivers and surrogates of those admitted to the NCCU who experience significant psychological distress and are often tasked with making treatment decisions on behalf of their loved ones in the setting of substantial uncertainty. Their depression and posttraumatic stress are often left unaddressed. In this collection, Reichman et al. provide a scoping review of existing peer-support interventions and, although limited, provide continued evidence of the benefits of peer connection for coping during times of crisis [19]. Challenges and guidance for prognostication and communication among survivors of SABI are also reviewed by leaders in the field [20, 21].

As this topical collection continues forward, we look to the neurocritical care community to expand the breadth of knowledge and resources available in this most important area of neurocritical care. We encourage you to submit and look forward to reviewing your manuscripts on reviews and new research on palliative care in the NCCU.

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